

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

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PTO/SB/21 (09-04)

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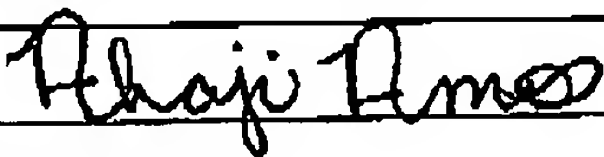
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/072247
	Filing Date	10/23/2001
	First Named Inventor	COOK
	Art Unit	4051
	Examiner Name	PATEL, MITAL B
Total Number of Pages in This Submission	Attorney Docket Number	COOK 8715 C1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	AHAJI K AMOS		
Date	12/30/04	Reg. No.	46831

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Typed or printed name	AHAJI K AMOS	Date	12/30/04

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/072,247
Filing Date	10/23/2001
First Named Inventor	COOK
Title	RETAINER FOR LARYNGEAL MASK
Art Unit	4051
Examiner Name	PATEL, MITAL B
Attorney Docket Number	COOK 8715 C1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

48331

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/01 (11-04)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/072,247
	Filing Date	10/23/2001
	First Named Inventor	COOK
	Title	RETAINER FOR LARYNGEAL MASK
	Art Unit	4081
	Examiner Name	PATEL, MITAL B
	Attorney Docket Number	COOK 8715 C1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 48331

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

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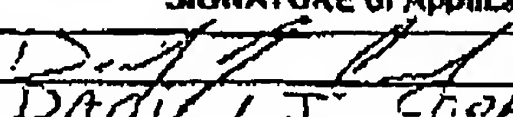
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Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/29/04
Name	D. J. COOK	Telephone	314-644-4169
Title and Company	President		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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